



City of Seattle
Families & Education
Levy

SEATTLE TEAM FOR YOUTH - REFERRAL FORM

FAX TO 206-386-1138 PHONE 206-233-7089

Youth First Name:	M.I.	Last Name:	Referral Date:	
Date of Birth:		Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other	
Street Address:			Home Phone: _____ Cell: _____ Work Phone: _____	
City:			Zip Code:	School:
Guardian First Name:	M.I.	Last Name:	Relationship:	Home Phone: _____ Work Phone: _____ Cell: _____
Youth language(s):			Language(s) Spoken at Home:	
Ethnicity: <i>Check all that apply</i> <input type="checkbox"/> Native American or Native Alaskan <input type="checkbox"/> African <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Unknown				
Please Specify Ethnicity (i.e., Asian = Cambodian or Mien):				
Referral Name:		Relationship:	Phone:	
Does the youth know that you are making this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Referral Source:	<input type="checkbox"/> Self	<input type="checkbox"/> School _____	<input type="checkbox"/> KC Superior Court	<input type="checkbox"/> Teen Health Clinic _____
	<input type="checkbox"/> Parent	SSD ID # _____	JUVIS # _____	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Police	<input type="checkbox"/> Social Service Agency		
Eligibility requirements. <i>Youth MUST be a low-income, City of Seattle resident aged 11-21 AND have one or more of the following issues (please check all that apply):</i> <input type="checkbox"/> Suspended from school <input type="checkbox"/> Discipline referrals <input type="checkbox"/> Drop out <input type="checkbox"/> Failing grades <input type="checkbox"/> Expelled from school <input type="checkbox"/> Low school attendance <input type="checkbox"/> Truant <input type="checkbox"/> Behind in credits				
School attending/Other information STF Youth Case Manager should be aware of:				

Seattle Team For Youth Agencies and the City of Seattle may exchange the above information to ensure an appropriate referral to an STF Youth case manager.

Youth Signature _____ Date _____

Guardian Signature _____ Date _____
(If younger than 13)

